

Tool #14b

Utah Comprehensive Cancer Control Organizational Interest Questionnaire

(Please Complete)

ORGANIZATION _____ RESPONDENT NAME _____

ADDRESS _____ TELEPHONE _____

EMAIL _____

Q-1 What is your or your organization's particular cancer-related interest or specialty?

Q-2 Do you believe there is a need for a statewide comprehensive plan for cancer control?
(Circle number)

1. YES

2. NO

(Please explain your answer)

Q-3 What value, if any, would a state plan provide for you and your organization? (Circle all that apply)

1. PROVIDE A FRAMEWORK TO DEVELOP YOUR OWN PLAN

2. INCREASE AWARENESS AND EDUCATION IN YOUR ORGANIZATION

3. IMPROVE COORDINATION OF SERVICES BETWEEN ORGANIZATIONS

4. IDENTIFY GAPS IN SERVICES

5. OTHER (Please explain)

Q-4 What could you or your organization provide to assist in the initiative to develop a comprehensive plan for cancer control? (Circle all that apply)

1. ACCESS TO CANCER DATA

5. PREVENTION EXPERTISE

2. ESTABLISHED NETWORK WITH
CANCER RELATED ORGANIZATIONS

6. FACILITIES FOR MEETINGS

3. TREATMENT EXPERTISE

7. KNOWLEDGE REGARDING
PATIENT PERSPECTIVES

4. EXPERIENCE WITH OR ACCESS
TO SPECIAL POPULATIONS

8. OTHER (Please list)

Q-5 Within your organization's strategic plan, is cancer control specifically addressed?
(Circle number)

1. YES

2. NO

Q-6 If the answer is “no” to question five, are there plans in the future to develop a strategic plan for cancer control? (Circle number)

- 1. YES
- 2. NO

Q-7 In your opinion, what cancer-related issues need to be better addressed in Utah? (Circle all that apply)

- | | |
|---------------------------|--------------------------|
| 1. PUBLIC EDUCATION | 5. IMPROVED SURVEILLANCE |
| 2. PROFESSIONAL EDUCATION | 6. FUNDING |
| 3. LEGISLATION | 7. OTHER (Please list) |
| 4. ACCESS TO SERVICES | |

Q-8 In your opinion, what is Utah’s greatest strength in controlling cancer?

Q-9 In your opinion, what is Utah’s greatest weakness in controlling cancer?

Q-10 If you or your organization were to participate in this initiative, what specific benefits would your organization expect to receive?

Q-11 If you could change one thing to improve cancer prevention and control in Utah, what would it be?

Q-12 Would you or someone from your organization be willing to participate on a committee or work group to help develop a comprehensive cancer control plan? (Circle number)

- 1. YES
- 2. NO

Q-13 What other organizations, groups, or individuals do you believe should be involved in this effort. (Please list)

	ORGANIZATION	CONTACT	TELEPHONE
1.			
2.			
3.			

THANK YOU FOR YOUR TIME!